

RC 3/26/85 *hm*



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 6 SITE NUMBER (to be assigned by HQ) TX 13692

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION TXD 059 345 116

A. SITE NAME Wood Protection Company		B. STREET (or other identifier) 5151 South Loop East	
C. CITY Houston	D. STATE Texas	E. ZIP CODE 77033	F. COUNTY NAME Harris
G. OWNER/OPERATOR (if known) 1. NAME Marc Hoover, General Manager		P.O. Box 33376 Houston, TX 77033	2. TELEPHONE NUMBER (713) 233-7421
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION
Company which treats wood products using chromated copper arsenate (CCA)

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) TDWR	K. DATE IDENTIFIED (mo., day, & yr.) November 1984
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L. PRINCIPAL STATE CONTACT 1. NAME Daniel Scheppers, TDWR	2. TELEPHONE NUMBER (512) 475-6371
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II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN	
E. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input checked="" type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME Robert H Davis, Jr., Engineering Science	2. TELEPHONE NUMBER (512) 477-9901	3. DATE (mo., day, & yr.) 11/1/84
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III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently). <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes). <input type="checkbox"/> 3. OTHER (specify):		SUPERFUND FILE REORGANIZED
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 2491 APR 29 1992		
C. AREA OF SITE (in acres) 0.00 (estimated)	1. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES a. LATITUDE (deg.-min.-sec.) 29° 37' 30" b. LONGITUDE (deg.-min.-sec.) 95° 20' 30"	
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): office, lumber shelter, warehouse, treatment area		

Reviewed by GAW-SC
date 2/3/85

CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MICHIGAN CUMMING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

TDWR-SW registration indicated that facility has a drum storage area. Correspondence in the file indicates that wastewater is reused and sludge is broken down with sulfuric acid and kept in the process.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Unknown

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT None	AMOUNT None	AMOUNT None	AMOUNT Unknown	AMOUNT None	AMOUNT None
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) PGTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMELTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			<input checked="" type="checkbox"/> (10) METALS		
			(11) OTHER (specify):		

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): TDWR SW 32010
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☒ 10. OTHER (specify): EPA ID NO. TXD 05 934 5116

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE ☒ B. YES (summarize below)

Letter of TAC noncompliance, issued 2/15/83

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
SW compliance	10/12/82	TDWR	Pressure cylinder leak noted
			Company corrected and improved runoff controls

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Chromates, Arsenic

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

See attached comments

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY	X			Potential hazard due to nature of chemicals used in process.
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL		X	10/12/82	TDWR inspection revealed contaminated areas around one pressure cylinder due to a leaky seal. Company allegedly repaired.
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

RCRA 3012 PRELIMINARY ASSESSMENT COMMENTS
WOOD PROTECTION COMPANY
HOUSTON, TEXAS
HARRIS COUNTY

INTRODUCTION

On December 18, 1984, Robert H. Davis, Jr., Engineering Science, Inc. conducted a RCRA 3012 preliminary assessment of the Wood Protection Company facility located in Houston, Texas. The assessment consisted of a review of available file information and off-site surveillance with photographs.

SITE INFORMATION AND OBSERVATIONS

The company treats wood products with chromated copper arsenate (CCA) and flame retardant (containing ammoniated inorganic phosphates). Sumps are in place to collect treating solution for reuse. According to the company, rainwater is also collected and mixed with the chemicals so that contaminated runoff does not occur. In February, 1983, a TDWR inspector reported that sulfuric acid is added periodically to breakdown any accumulated sludge.

The surveillance revealed that the plant is enclosed by a wooden privacy fence. Five upright white tanks, lumber shelters, a treatment area, and the main office were observed. Details of the treating area were not visible. Surrounding land uses are commercial and residential.

ASSESSMENT

The site has undergone one TDWR solid waste compliance inspection. The file information indicated that TAC deficiencies determined from the inspection were cleared up by the company. Although treatment chemicals are apparently reused in the process, a low priority site inspection is recommended to confirm past and present waste management practices and to determine whether nearby surface or groundwaters could be impacted by the facility.

Photographer / Witness

R H Davis - Engineering Science

Date / Time / Direction

12-18-84 / 3:50 pm / N, W

Comments: Front of facility

from South Loop 610



Photographer / Witness

Date / Time / Direction

Comments: